

Statement of Contributions Received

Prescribed by Secretary of State 3/05

Name of Committee in Full CHRIS AMOROSE GROOMES FOR DUBLIN							
Full Name of Contributor MONICA G. SMITH					Registration Number, if PAC		
Street Address 8155 GRAFTON END		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) CHECK		
City DUBLIN	State O H	Zip Code 43016	M 0	D 9	Y 0	Amount 25.00	
Full Name of Contributor MARK MCHUGH					Registration Number, if PAC		
Street Address 6294 TWONOTCH CT		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) CHECK		
City DUBLIN	State O H	Zip Code 43016	M 0	D 9	Y 0	Amount 150.00	
Full Name of Contributor STAVROFF INTERESTS LTD.					Registration Number, if PAC		
Street Address 565 METRO PLACE S.		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) CHECK		
City DUBLIN	State O H	Zip Code 43017	M 0	D 9	Y 0	Amount 250.00	
Full Name of Contributor ANN MLICKI					Registration Number, if PAC		
Street Address 5350 RESERVE DR		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) CHECK		
City DUBLIN	State O H	Zip Code 43017	M 0	D 9	Y 0	Amount 250.00	
Full Name of Contributor DAVID MLICKI					Registration Number, if PAC		
Street Address 5350 RESERVE DR		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) CHECK		
City DUBLIN	State O H	Zip Code 43017	M 0	D 9	Y 0	Amount 250.00	
Full Name of Contributor MATTHEW CALLAHAN					Registration Number, if PAC		
Street Address 5782 TARTON CRICLE N.		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) CHECK		
City DUBLIN	State O H	Zip Code 43017	M 0	D 9	Y 0	Amount 100.00	
Full Name of Contributor JOHN ROYER					Registration Number, if PAC		
Street Address 1480 DUBLIN ROAD		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) CHECK		
City COLUMBUS	State O H	Zip Code 43215	M 0	D 9	Y 0	Amount 250.00	
Full Name of Contributor UNDERHILL YAROSS LLC					Registration Number, if PAC		
Street Address 8000 WALTON PKWY STE 260		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) CHECK		
City NEW ALBANY	State O H	Zip Code 43054	M 0	D 9	Y 0	Amount 100.00	

* Required for contributions from individuals over \$100 to statewide and general assembly candidates. If contributor is self-employed, the occupation and the name of the individual's business, if any, rather than employer should be listed. If two or more employees contribute via payroll deduction and exceed the aggregate of \$100, the labor organization of which the employees are members, if any, must appear. [R.C. 3517.10(B)(4)]